

Class registration begins Wednesday, August 13, 2003

Please submit form with payment to: Rocklin Community Services, 2650 Sunset Blvd, Rocklin, CA 95677

Participant or legal guardian must complete the form in its entirety prior to the first class meeting.

Participant's LAST NAME HERE: _____

Address _____ City _____ Zip _____

Phone(Home) _____ (Work) _____

Emergency Contact: Name _____ Phone _____

Participant's First Name Here	Birthdate 00/00/00	Class Name	Registration Number	Price	Office Use

Release & Indemnity

In consideration for being permitted by the City of Rocklin to participate in the above activity(ies), I hereby waive, release and discharge any and all claims for damages for personal injury, death, or property damage which I or my child (if participating) may have, or which hereafter accrue to me, or my child, against the city as a result of my or my child's participation in the activity(ies). This release is intended to discharge the city, its officers, officials, employees and volunteers, and any other involved public agencies from and against any and all liability arising out of or connected in any way with my or my child's participation in the activity(ies), even though that liability may arise out of the negligence or carelessness on the part of the persons or public agencies mentioned above. I further understand that accidents and injuries can arise out of the activity(ies); knowing the risks, nevertheless, I hereby agree to assume those risks and to release and to hold harmless all of the persons or agencies mentioned above who (through negligence or carelessness) might otherwise be liable to me, or my child (or my or my child's heirs or assigns) for damages. It is further understood and agreed that this waiver, release and assumption of risk is to be binding on my and my child's heirs and assigns. In addition, I agree to indemnify and hold harmless city and its officers, officials, employees and volunteers from and against all claims, damages, losses and expenses including attorney fees arising out of my or my child's participation in the activity(ies) described above, caused in whole or in part by my or my child's negligent act, except where caused by the active negligence, sole negligence, or willful misconduct of the city.

I HAVE CAREFULLY READ THE ABOVE RELEASE & INDEMNITY AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND AGREEMENT TO INDEMNIFY THE CITY AND I SIGN IT OF MY OWN FREE WILL.

Signature of Participant (if under 18, Parent or Guardian) _____ Date _____

Name(Please Print) _____

Amount: _____ Rect # _____ Check # _____ Date _____ By _____

Amount: _____ Rect # _____ Check # _____ Date _____ By _____

Amount: _____ Rect # _____ Check # _____ Date _____ By _____

Amount: _____ Rect # _____ Check # _____ Date _____ By _____